

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1703

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred:
Frederick City Hospital

How long in hospital or institution? 2 Hours 10 Minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 13 East Sixth Street
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME

WALTER STANLEY ANDREWS

3.(b) Social Security Number

214-16-0881

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M

8.(b) Name of husband or wife Loretta Kefauver

6.(c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) April 8, 1903

8. AGE: Years 42 Months 7 Days 19 If less than one day
hrs.min.

9. Birthplace Brunswick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Staubs Grocery

12. Name John L. Andrews

13. Birthplace Maryland

14. Maiden name Fannie Weaver

15. Birthplace Maryland

16. Informant Mrs. Loretta K. Andrews

Address 13 E. 6th St., Frederick, Md.

17. Burial Date thereof 11/30/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Reformed Cemetery

Location Church Hill-Frederick, Md.-Rural

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 29 Nov 1945 Elizabeth G. Hech
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27, 1945 at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945 to 1945

and that I last saw him alive on 1945

Immediate cause of death Crushing injury
to chest, fracture of ribs
own, severe

DURATION

2 hrs.

Due to auto accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11/27/45

Where did injury occur? Frederick, Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Worked at

Means of injury auto Injured at work? no

Deputy Medical Examiner

23. SIGNATURE H. W. Bau M. D. or other

Address Frederick, Maryland Date signed 11-28-45

RECEIVED
DEC 3 1945
BUREAU

STATE OF MARYLAND—CERTIFICATE OF DEATH

11042

1. PLACE OF DEATH

County Frederick

Village or City Jamansville

No. Riggs Cottage Sanitarium St. Ward

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Alice Waters Baer

If U. S. Veteran, specify WAR

(a) Residence: No. 306 W. College Terrace St.

Ward. Frederick

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Shellman Baer

6. DATE OF BIRTH (month, day, and year) September 20, 1863

7. AGE Years 82 Months 1 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

13. NAME Andrew G. Waters

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Antonia M. L. Wormrath

16. BIRTHPLACE (city or town) Philadelphia
(State or country) Penna.

17. INFORMANT Dr. R. W. Baer
(Address) Frederick, Maryland

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cemetery
Place Pikesville, Md. Date Nov. 19, 1945

19. UNDERTAKER M. R. Etchison and Son
(Address) Frederick, Maryland

20. FILED Nov-17, 1945 Lucian K. Fakhour

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 16, 1945
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1944 to Nov 16, 1945
I last saw him alive on Nov 16, 1945; death is said to have occurred on the date stated above, at 2:25 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocardial Failure
Chronic Myocarditis
Post-Operative Shock
(Including Cerebral & Coronary)

Date of onset 3 days
over 2 yrs
over 2 yrs

Other Contributory Causes of Importance:

Old Cerebral Hemorrhage?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Lucian K. Fakhour M. D.

(Address) J. F. Amersville, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11043

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 36 West J.
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Alice Drummer Barber.

3. (b) Social Security Number

4. Sex F. 5. Color or race B 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or wife William Barber.7. Birth date of deceased (mo., day, yr.) March 7, 18858. AGE: Years 60 Months 8 Days 20 It less than one day hrs. min.9. Birthplace Stumptown, Loudoun Co., Va.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Drummer13. Birthplace Loudoun Co., Va.14. Maiden name Rachel Harris15. Birthplace Loudoun Co., Va.16. Informant Mrs. Nellie E. StreamsAddress 36 W. J. St. Brunswick Md.17. Burial Petersville Date thereof Dec 1 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory PetersvilleLocation Petersville, Md.18. Funeral director James B. BaileyAddress Harpers Ferry, W. Va.19. Dec 1 - 19 45 Emma Martin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 19 45 at 3:45 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 19 45 to Nov 26 19 45 and that I last saw him alive on Nov 26 19 45Immediate cause of death Obstructive jaundice
MalnutritionDue to Carcinoma head
Pancreas

Due to

Other conditions Intestinal cancer
Gastric metastasis
(Ineligible pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Means of injury Injured at work?

23. SIGNATURE G. Lee B. Bue
M. D. or otherAddress Jefferson Md. Date signed 11/27/45

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

DEC 5 1945

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

CERTIFICATE OF DEATH

Reg. Dist. No. 11044 131

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 Days
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Brownsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 20 West H St
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME Henry Burr Beard Sr

3. (b) Social Security Number

4. Sex M 5. Color or race Scdond 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Emma C. Barksdale

7. Birth date of deceased (mo., day, yr.) Aug 23 1876 6. (c) If alive, give age 69 years

8. AGE: Years 69 Months 2 Days 16 If less than one day hrs. min.

9. Birthplace Virginia
 (Town, county, and state)

10. Usual occupation Retired B. & O. R.R.

11. Industry or business

12. Name Henry B. Beard

13. Birthplace Virginia

14. Maiden name Burce

15. Birthplace Virginia

16. Informant Henry B. Beard Jr

Address Brownsville, Md.

17. Burial Date thereof Nov 12, 1945
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Pelhamville M.E.

Location Pelhamville

18. Funeral director S. W. Teete & Bros

Address Brownsville Md

19. 10 Nov 19 45 Elizabeth G. Hech.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 19 45 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 6 19 45 to Nov. 9 19 45

and that I last saw him alive on Nov. 9 19 45

Immediate cause of death Sickle cell anemia (coma)

Due to Aspirin

Other conditions Remission of feet

(Include pregnancy within 8 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of Nov 9 1945

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. A. Pearce, M.D. M. D. or other

Address Frederick, Md Date signed 11/9/45

DEPARTMENT OF HEALTH

DEATH OF DEATH

RECEIVED

NOV 14 1945

BUREAU V.B.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

Evidence for the change of date of birth is shown on MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

G 99 11-29-45

CERTIFICATE OF DEATH

11045
Reg. Dist. No. 144

1. PLACE OF DEATH:

County.....Rocky-Ridge Md.
City or town.....R. D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....74 yrs.
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)
State.....Md. County.....Frederick
City or town.....Rocky-Ridge
(If outside city or town limits, write RURAL and give nearest town)
Street No.....Rural
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

George Harry Beidler

3. (b) Social Security Number

4. Sex.....Male 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Married

6.(b) Name of husband or wife.....Anna S. Beidler

7. Birth date of deceased (mo., day, yr.).....1874-11-21 6.(c) If alive, give age.....73 years
Apr. 1, 1871

8. AGE: Years.....74 Months.....7 Days.....21 If less than one day.....hrs.min.

9. Birthplace.....Rocky-Ridge
(Town, county, and state)

10. Usual occupation.....Farmer

11. Industry or business

12. Name.....James Beidler
13. Birthplace.....Md.

14. Maiden name.....Emma A. Hape
15. Birthplace.....Md.

16. Informant.....Ray Beidler
Address.....Rocky-Ridge

17. Burial.....Burial Date thereof.....Nov. 24 - 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Mt. Valor
Location.....Rocky Ridge

18. Funeral director.....Willhide & Coe
Address.....Thurmont

19. Nov. 22 1945 Wm. S. Pryor, Jr.
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....Nov. 21 - 1945 at.....7-45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....Aug. 2 1945 to.....Nov. 21 1945
and that I last saw him alive on.....Nov. 21 1945

Immediate cause of death.....

Carcinoma of Prostate DURATION.....Unknown

Due to.....Heart Condition 2 mo.

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE.....Dr. Beall, W.D.
Address.....Libertytown Md. Date signed.....11/21/45

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
NOV 24 1945
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

11046
Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Doubs

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

MINNIE BELLE BEST

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

M6.(b) Name of husband or wife William S. Best6.(c) If alive, give age 81 years

7. Birth date of

deceased (mo., day, yr.)

March 25, 1869

8. AGE:

Years

Months

Days

If less than one day

76727

.....hrs.min.

9. Birthplace Nr. Taylorstown-Loudoun-Virginia

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER
MOTHER12. Name John N. Davis13. Birthplace Loudoun County Virginia14. Maiden name Sarah V. Bowers15. Birthplace Loudoun County Virginia16. Informant Mr. William S. BestAddress Doubs, Maryland17. Burial Date thereof 11/25/45

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory Methodist CemeteryLocation Taylorstown, Virginia18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 24 Nov 19 45 Elizabeth S. Hede

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22, 1945 at 4:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 6, 1945 to Nov 22, 1945and that I last saw her alive on Nov 21, 1945

Immediate cause of death

Pulmonary Edema

DURATION

3 DaysDue to Myocardial failure3 DaysDue to Cerebral hemorrhage3 DaysOther conditions Diabetes, Hypertension 15 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

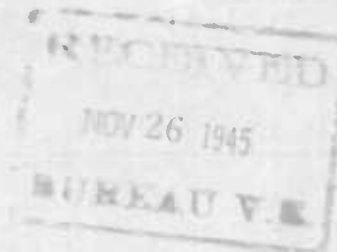
Means of injury

Injured at work?

23. SIGNATURE A. J. Price M. D.

M. D. or other

Address Jefferson, Maryland Date signed 11-23-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 Days

Hospital, institution, or street address where death occurred:

602 East Patrick Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #
(If outside city or town limits, write RURAL and give nearest town)Street No. Charlesville

(If rural, give LOCATION)

2. (a) If veteran, name war

None

3. (a) FULL NAME

CHARLES EDWARD BIDLE

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Sallie V. Shafer

7. Birth date of

deceased (mo., day, yr.)

September 10, 18836. (c) If alive, give age. 61 years

8. AGE:

Years

Months

Days

If less than one day

62210

.....hrs.min.

9. Birthplace

Nr. Middletown-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

FATHER
MOTHER

12. Name

William A. Bidle

13. Birthplace

Frederick County Maryland

14. Maiden name

Laura Summers

15. Birthplace

Frederick County Maryland

18. Informant

Mrs. Sallie S. Bidle

Address

R.F.D.#3, Frederick, Maryland

17.

Burial

Date thereof

11/24/45

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Middletown, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

21 Nov 1945
(Date rec'd by registrar)

1945

Elizabeth G. Hech
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20, 1945, at 8:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 16th 1945 to Nov 20th 1945
and that I last saw him alive on Nov 20th 1945

Immediate cause of death

Corny Occlusion
Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

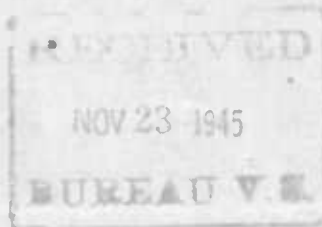
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. H. Hech M. D.Address Frederick, Maryland Date signed 11-21-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 339

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
Shookstown
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Shookstown
 (If rural, give LOCATION)
 2. (a) If veteran, name war..... None

3. (a) FULL NAME

BERTIE ESTELLA BLANK

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W
 6. (b) Name of husband or Lewis F. Blank
 7. Birth date of deceased (mo., day, yr.) February 25, 1883 8. (c) If alive, give age..... years
 8. AGE: Years 62 Months 2 Days 26 If less than one day..... hrs. min.

9. Birthplace Harmony-Frederick-Maryland
 (Town, county, and state)
 10. Usual occupation At Home
 11. Industry or business

FATHER 12. Name David L. Summers
 13. Birthplace Frederick County Maryland
 MOTHER 14. Maiden name Ella Harshman
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Edward O. Veirtz
 Address R. F. D. #5, Frederick, Md.

17. Burial Burial Date thereof 11/23/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rocky Springs Cemetery
 Location Frederick, Maryland - Rural

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 21 Nov 19 45 Elizabeth G. Hersh
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21, 1945 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20th 1945 to Nov 21st 1945
 and that I last saw him alive on Nov 20th 1945

Immediate cause of death Ischemic Heart Disease
 Due to Arterio Sclerosis

Due to Arterio Sclerosis
 Other conditions

Other conditions
 (Include pregnancy within 8 months of death)

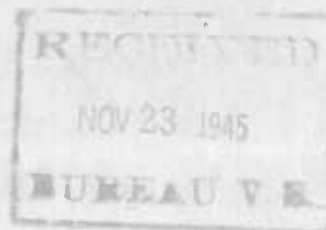
Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE H. H. Hersh M. D.
 Address Frederick, Maryland Date signed 11-21-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

740

11049

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County FrederickCity or town 2 Woodsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town 2 Woodsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Harvey Simpson Boone

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Elvie S Zimmerman6.(c) If alive, give age 72 years7. Birth date of deceased (mo., day, yr.) Nov. 13, 18688. AGE: Years 77 Months 0 Days 16 If less than one day9. Birthplace Frederick Co. Md.

(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Jacob Boone13. Birthplace Md.14. Maiden name Sidney Ecker15. Birthplace Md.16. Informant Mrs. Harvey S. BooneAddress 2 Woodsboro Md.17. Burial Date thereof Dec. 2, 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Mt HopeLocation 2 Woodsboro Md.18. Funeral director Russell HartleyAddress 2 Woodsboro Md.19. Nov 30 1945 L E Russell

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1945 at 1 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 29 1945and that I last saw him alive on Nov 29 1945Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work? Injury23. SIGNATURE P. W. Bau

M. D. or other

Address Frederick, Md.Date signed 11.29.45

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF INVESTIGATION

RECEIVED

DEC 4 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

 11050 131
 ★ Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural R. F. D. #5
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred:

Near Rocky Spring

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #5
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Rocky Spring

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

ANNIE ELEANOR BRANDENBURG

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 21, 1861

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

831118

..... hrs. min.

9. Birthplace Middletown-Frederick-Maryland
(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER
MOTHER12. Name George M. Brandenburg13. Birthplace Frederick County Maryland14. Maiden name Minerva Warrenfeld15. Birthplace Frederick County Maryland16. Informant Miss Josephine L. BrandenburgAddress R. F. D. #5, Frederick, Md.17. Burial Date thereof 11/12/45
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Reformed CemeteryLocation Middletown, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 9 Nov
(Date rec'd by registrar)19 45Elizabeth G. Hark
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9th, 1945 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 45 to Oct 75 19 45
and that I last saw him Oct 75 19 45

Immediate cause of death

Coronary Occlusion

DURATION

12 hrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

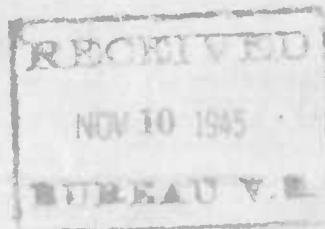
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank H. Hedrick M. D.
Address Frederick, Maryland Date signed 11-9-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

CERTIFICATE OF DEATH

11051

★ Reg. Dist. No. 138

1. PLACE OF DEATH: Frederick
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME Bradley L. Brandenburg

3. (b) Social Security Number

4. Sex M 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Nicie V. Brandenburg

7. Birth date of deceased (mo., day, yr.) May 6, 1868 6. (c) If alive, give age 67 years

8. AGE: 82 Years 6 Months 5 Days If less than one day
 hrs. min.

9. Birthplace Frederick Co
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Jessie Brandenburg

13. Birthplace Frederick Co.

14. Maiden name Callie Purchase

15. Birthplace Frederick Co

16. Informant Nicie V. Brandenburg

Address Monrovia Md.

17. Burial (Burial, cremation, or removal) Burial Date thereof Nov 14, 1945
 (month) (day) (year)

Cemetery or crematory Remptown

Location Remptown

18. Funeral director A. M. Snipper

Address Mt. Airy

19. Nov 12 19 45 Ludwig G. Felson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11, 1945 at 7 P. M

I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 10 19 45, to Nov 11 19 45.

and that I last saw him alive on November 11 19 45.

Immediate cause of death uraemia

DURATION

2 mo

Due to Chronic interstitial nephritis 2 yrs

Due to Arterio sclerosis 10 years

Other conditions Cerebral hemorrhage Apr 10, 1945

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Emmet P. Roof, Md. M. D. or other

Address New Market, Md Date signed 11-12-45

RECEIVED BY THE STATE OF CALIFORNIA

RECEIVED BY THE STATE OF CALIFORNIA

RECEIVED BY THE STATE OF CALIFORNIA

RECEIVED

DEC 10 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 9/27/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 9/27/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5 N. Exeter St.
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Charles W. Burkner, Jr.

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8/9/1894

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

51315

hrs.

min.

9. Birthplace

Baltimore, Md.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER
MOTHER

12. Name

Charles W. Burkner, Sr.

13. Birthplace

Baltimore, Md.

14. Maiden name

Florence Elsworth

15. Birthplace

Baltimore, Md.

16. Informant

Mrs. Philip Wagner (sister)Address 2809 Kirk Ave., Baltimore, Md.

17.

Buried
(Burial, cremation, or removal. Which?)

Date thereof

Nov. 28, 1945
(month) (day) (year)

Cemetery or crematory

Greenmount Cemetery

Location

Urbain, Baltimore, Md.

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Maryland

19.

12/26/45
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH November 24 19 45 at 10:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 27 19 45 to Nov. 24 19 45and that I last saw him alive on November 24 19 45

Immediate cause of death

Pulmonary Tuberculosis

DURATION

11 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

J. D. LynnM. D. ArcherAddress State Sanatorium, Md. Date signed 11/25/45

RECEIVED
NOV 27 1945
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157

CERTIFICATE OF DEATH

★ Reg. Dist. No. 110531

1. PLACE OF DEATH:

County FredrickCity or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Fredrick City HospitalHow long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Woodstock
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Larry Eugene Clem

3. (b) Social Security Number

4. Sex Male5. Color or race White6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 31, 19458. AGE: Years _____ Months _____ Days 5 If less than one day _____ hrs. _____ min.9. Birthplace Fredrick Ind Co. Md.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Harvey F. Clem Jr.13. Birthplace Blue Ridge, Md.14. Maiden name Frances F. Clem15. Birthplace Thurmont, Md.16. Informant Harvey F. Clem Jr.Address Woodstock, Md.17. (Burial, cremation, or removal. Which?) Burial Date thereof Nov 7, 1945
(month) (day) (year)Cemetery or crematory Blue RidgeLocation Thurmont, Md.18. Funeral director M. E. Cragg & SonAddress Thurmont, Md.19. 7-Nov 19 45 Elizabeth G. Heale
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 19 45 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov Oct 30 19 45 to Nov 6 19 45and that I last saw him alive on Nov 6 19 45Immediate cause of death Pneumonia

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Samuel E. Foster, Jr. M. D. or other _____Address Wolbertville, Md. Date signed Nov 7, 45

RECEIVED

NOV 10 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

11654

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 Years
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #3
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rocky Spring
 (If rural, give LOCATION)
None

2.(a) If veteran, name war

3. (a) FULL NAME

ROBERT LEE DIXON

3. (b) Social Security Number

220-16-0404

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u> <u>D</u>
6. (b) Name of husband or wife <u>Mary Kimmel</u>		
7. Birth date of deceased (mo., day, yr.) <u>July 4, 1887</u>		
6. (c) If alive, give age <u>54</u> years		
8. AGE: Years <u>58</u>	Months <u>4</u>	Days <u>23</u>
If less than one dayhrs.min.		

9. Birthplace Park Mills-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Ox Fibre Brush Company

FATHER	12. Name <u>George Dixon</u>
	13. Birthplace <u>Frederick County Maryland</u>
MOTHER	14. Maiden name <u>Margaret (last name unknown)</u>
	15. Birthplace <u>Frederick County Maryland</u>

16. Informant Mrs. Carnie E. Snyder
 Address R. F. D. #3, Frederick, Md.

17. Burial 11/30/45
 (Burial, cremation, or removal, which?)
 Date thereof (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
 Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland
 Address

19. 28 Nov 1945 Elizabeth V. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27, 1945 at 3 AM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov 26 1945 to Nov 27 1945
 and that I last saw him alive on Nov 26 1945

Immediate cause of death Coronary Occlusion
 DURATION 10 minutes

Due to Coronary sclerosis 3

Due to

Other conditions Cardiac Decomposition 2 weeks
Syst. Sclerotic Myocarditis
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE J. R. Schoolman M. D.
Frederick, Maryland M. D. or other
 Address Date signed 11-28-45

RECEIVED

NOV 30 1945

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

CERTIFICATE OF DEATH

Reg. Dist. No. 11055 181

1. PLACE OF DEATH: County <u>Frederick</u> City or town <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? <u>Monterou hospital</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Howard</u> City or town <u>near Florence</u> (If outside city or town limits, write RURAL and give nearest town) Street No. _____ (If rural, give LOCATION) (a) If veteran, name war _____			
3. (a) FULL NAME <u>John Westley Cronin Darvall</u>				3. (b) Social Security Number <u>none</u>			
4. Sex <u>M</u> 5. Color or race <u>White</u> 6. (a) Single, married, widowed, or divorced <u>widowed</u>				MEDICAL CERTIFICATION			
6. (b) Name of husband or wife <u>unknown</u>				20. DATE OF DEATH <u>Nov. 15</u> 19 <u>45</u> at <u>1:45</u> P.M.			
7. Birth date of deceased (mo., day, yr.) <u>April 2, 1870</u> 6. (c) If alive, give age _____ years				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Nov. 1</u> 19 <u>45</u> to <u>Nov. 15</u> 19 <u>45</u> and that I last saw him alive on <u>Nov. 15</u> 19 <u>45</u>			
8. AGE: Years <u>75</u> Months <u>7</u> Days <u>14</u> If less than one day _____ hrs. _____ min.				Immediate cause of death <u>Chronic Myocarditis</u> DURATION <u>6 mo. +</u>			
9. Birthplace <u>Howard Co.</u> (town, county, and state)				Due to _____			
10. Usual occupation <u>laborer</u>				Due to _____			
11. Industry or business _____				Other conditions _____			
12. Name <u>John Darvall</u>				(Include pregnancy within 8 months of death)			
13. Birthplace <u>Howard Co.</u>				Major findings of operations _____			
14. Maiden name <u>Annabella Deth</u>				Date of op. _____			
15. Birthplace <u>Howard Co.</u>				Autopsy results _____			
16. Informant <u>Charles Darvall</u>				PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address <u>Woodbine Rd.</u>				22. VIOLENCE: If death was due to external causes, fill in the following:			
17. Burial <u>Poplar Springs</u> Date thereof <u>Nov. 17, 1945</u> (Burial, cremation, or removal) (month) (day) (year)				Accident, suicide, or homicide _____ Date of _____			
Cemetery or other place of interment <u>Poplar Springs</u>				Where did injury occur? _____ (City or town) (County) (State)			
Location <u>Poplar Springs, Howard Co.</u>				Injured at home, farm, industry, public place (where?) _____			
16. Funeral director <u>H. M. Snyder</u>				Means of injury _____ Injured at work? _____			
Address <u>W.D. City - Maryland</u>				23. SIGNATURE <u>B. O. Thomas</u> M. D. or other _____			
19. 16 - Nov 45 <u>Elizabeth G. Heck</u> Registrar				Address <u>Frederick, Md.</u> Date signed <u>11/15/45</u>			

(Date rec'd by registrar)

Registrar

RECEIVED

NOV 17 1945

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

G 99 1130-45

Reg. Dist. No. 131

11056

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 Years
Hospital, institution, or street address where death occurred:
332 East Third Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 332 East Third Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

SOPHRONIA PAULINE EADER

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) <u>Single</u> , married, widowed, or divorced
6. (b) Name of husband or wife <u>John D. Eader</u>		
7. Birth date of deceased (mo., day, yr.) <u>April 8, 1870</u>		
8. AGE: Years <u>75</u>	Months <u>11</u>	Days <u>17</u>
it less than one dayhrs.min.		

9. Birthplace McKaig-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER	12. Name <u>Henry C. Fox</u>
	13. Birthplace <u>Frederick County Maryland</u>
MOTHER	14. Maiden name <u>Sarah Poole</u>
	15. Birthplace <u>Frederick County Maryland</u>

16. Informant Mrs. Eleanor E. Gosnell
Address 332 E. 3rd St., Frederick, Md.

17. Burial Date thereof 11/28/45
(Burial, cremation, or removal of remains)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 26 Nov 19 45 Elizabeth G. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25, 1945 at 5:15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20, 1945 to Nov 24, 1945 and that I last saw him alive on Nov 24, 1945

Immediate cause of death Cerebral Hemorrhage

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. H. Hedger M. D.

Address Frederick, Maryland Date signed 11-26-45

RECEIVED
NOV 27 1945
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

11057 131
Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Months
 Hospital, institution, or street address where death occurred:
138 East Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Bartonsville
 (If rural, give LOCATION)
 2.(a) If veteran, name war... None

3. (a) FULL NAME

MARY ELIZABETH EDWARDS

3. (b) Social Security Number

None

4. Sex F 5. Color or race C 6.(a) Single, married, widowed, or divorced W

6.(b) Name of husband or wife Isaac Edwards7. Birth date of deceased (mo., day, yr.) April 26, 1883 6.(c) If alive, give age years

8. AGE: Years 62 Months 7 Days 3 If less than one day hrs. min.

9. Birthplace Loudoun County Virginia
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant James H. EdwardsAddress R. F. D. #1, Frederick, Maryland17. Burial Burial Date thereof 12/2/45
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Bartonsville CemeteryLocation Frederick, Md. R. F. D. #118. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 1-10ec 19 45 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 19 45 at 9:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-8 19 42 to 11/29 19 45
 and that I last saw h ex alive on 11/29 19 45

Immediate cause of death Coronary Arteriosclerosis DURATION 1 dayDue to Coronary Arteriosclerosis 5913

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE 113 Bourne Jr M. D.Address Frederick, Maryland Date signed 11-30-45

RECEIVED

DEC 4 1945

BUREAU V. 3.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19103

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH:
 County Frederick
 City or town Rural Mt Airy Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Rural Mt. Airy
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME MARY FLANAGAN 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Thomas Flanagan
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) May 18, 1866

8. AGE: Years 79 Months 5 Days 27 If less than one day hrs. min.

9. Birthplace New York City - N.Y.
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name John Kienz

13. Birthplace Germany

14. Maiden name Mary

15. Birthplace Germany

16. Informant Mrs. Stewart Altman

Address Mt. Airy, Md

17. Burial Date thereof 11-17-45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Prospect

Location Mt. Airy, Frederick Co. Md.

18. Funeral director C. M. Walz

Address Winfield, Md.

19. 11-16- 19 45 Blaise A. Rumbler
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 19 45 at 2:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 45 to Nov. 15 19 45
 and that I last saw h. alive on Nov. 14, 1945

Immediate cause of death Acute uremia DURATION 3 da

Due to Chr. Uremia ?
Chr. Interstitial Nephritis ?

Due to

Other conditions Cardiac Fibrillation 4 da

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Stanley Grall M. D. or other

Address Mt Airy, Md Date signed 11/15/45

UNITED STATES DEPARTMENT OF JUSTICE

CENTRAL INTELLIGENCE DIVISION

REC-5414
NOV 19 1945
BUREAU V.E.

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NO. 100-100000-100000

DATE OF DEATH

EDWARD J. BUR

DEATH CERTIFICATE

RECEIVED
NOV 23 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-a

CERTIFICATE OF DEATH

Reg. Dist. No. 11060.31

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
22 Clarke Place
 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 22 Clarke Place
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

EDWARD PAYSON GALE

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Amy Kemp Gale6. (c) If alive, give age 72 years7. Birth date of deceased (mo., day, yr.) Dec. 16, 1859

8. AGE: Years 85 Months 10 Days 14 If less than one day
hrs.min.

9. Birthplace Don't know
(Town, county, and state)10. Usual occupation Retired Instructor

11. Industry or business

12. Name Rev. Thomas A. Gale13. Birthplace New York State14. Maiden name Julia Fulton15. Birthplace New York State16. Informant Mrs. Edward P. GaleAddress Frederick, Maryland17. Burial Date thereof Nov. 4, 1945
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Mt. Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 3 hr 19. 11-5 Elizabeth G. Hoch
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1st, 1945, at 7:40 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20th, 1945, to November 1, 1945and that I last saw him alive on November 1st, 1945Immediate cause of death Cerebral hemorrhage DURATION 5 days

Due to

Due to

Other conditions Cardiovascular-renal period of years
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. H. Conley M. D. ConleyAddress Frederick, Md. Date signed 11/3/45

RECEIVED
NOV 6 1945
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 11061 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 YearsHospital, institution, or street address where death occurred:
313 East Third Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 313 East Third Street
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

CHARLES EDWARD GEESEY

3. (b) Social Security Number

None4. Sex M5. Color or race W6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Annie May Elizabeth Sunday6. (c) If alive, give age 78 years7. Birth date of deceased (mo., day, yr.) September 8, 18658. AGE: Years 80 Months 2 Days 12 If less than one day

8. (hrs. min.)

9. Birthplace Nr. Lewistown-Frederick-Maryland
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Thomas Geesey13. Birthplace Frederick County Maryland14. Maiden name Amelia Stull15. Birthplace Frederick County Maryland16. Informant Mrs. Annie S. GeeseyAddress 313 E. 3rd St., Frederick, Md.17. Burial Date thereof 11/23/45
(Burial, cremation, or removal; Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 20 Nov 19 45 Elizabeth L. Hark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20, 1945 at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 5th 19 45 to Nov 20th 19 45and that I last saw him Nov 19th alive on Nov 19thImmediate cause of death Cerebral HemorrhageDue to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

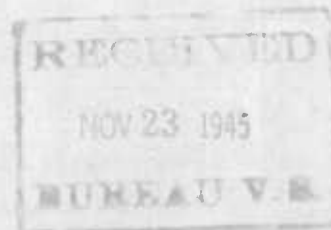
Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE F. H. Hedges M. D.

Frederick, Maryland M. D. or other

Address 11-20-45 Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

11662

Reg. Dist. No.

131

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution?..... 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 438 West South Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME

PEARL MAY GOODSELL

3. (b) Social Security Number

None

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Widowed
 B. (b) Name of husband or ~~husb~~..... Wm. Henry Goodsell
 7. Birth date of deceased (mo., day, yr.)..... March 28-1874 8. (c) If alive, give age..... years
 8. AGE: Years..... 71 Months..... 8 Days..... 2 If less than one day..... hrs. min.

9. Birthplace..... Frederick County Maryland
 (Town, county, and state)

10. Usual occupation..... Housekeeper

11. Industry or business..... None

12. Name..... Lewis Ausherman

13. Birthplace..... Myersville, Md.

14. Maiden name..... Kate Delauter

15. Birthplace..... Myersville, Md.

16. Informant..... William H. Goodsell

Address..... Frederick, Maryland

17. Burial Date thereof..... Dec. 3, 1945
 (Burial, cremation, or removal: when?) (month) (day) (year)

Cemetery or ~~cemetery~~..... Mt. Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... C. E. Cline & Son

Address..... Frederick, Maryland

19. 1-Dec 1945 Elizabeth G. Hark
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 30th 1945, at 3:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct 1 1932 to Nov 30 1945
 and that I last saw h. or alive on Nov 30 1945

Immediate cause of death..... Cerebral Hemorrhage DURATION..... 1 week
Hypertension

Due to..... Cardio Vascular Renal Decline 10 years

Due to.....

Other conditions..... Diabetes Mellitus 10 years

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... H. Lawrence Fahmy MD M. D. or other

Address..... Frederick Md Date signed..... 12-1-45

RECEIVED

DEC 4 1945

BUREAU VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2 X

CERTIFICATE OF DEATH

110631
Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 Years
Hospital, institution, or street address where death occurred:
211 Rockwell Terrace
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 211 Rockwell Terrace
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

FANNIE OLIVIA HAMMOND

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Dr. Robert L. Hammond

7. Birth date of deceased (mo., day, yr.) November 27, 1869 6. (c) If alive, give age years

8. AGE: Years 75 Months 11 Days 25 If less than one day hrs. min.

9. Birthplace Woodsboro-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name William H. Gilbert

13. Birthplace Frederick County Maryland

14. Maiden name Loretta Albaugh

15. Birthplace Frederick County Maryland

16. Informant Mrs. Bernard M. Davis

Address 211 Rockwell Terrace, Fred'k, Md.

17. Burial Burial Date thereof 11/15/45
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 13 Nov 19 45 Elizabeth G Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12th, 1945 at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19 45 to Nov 12 19 45
and that I last saw him alive on Nov 12 19 45

Immediate cause of death DURATION

Carcinoma of Colon
Due to Spinal Fracture 1 yr.

Due to

Other conditions Diphtheria Basal

(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Justin Pease M. D.

Address Frederick, Maryland Date signed 11-13-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 14 1945
BUREAU V.M.

Reg. Diet. No.131.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 3 1945
BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Jefferson-Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Near Jefferson
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Jefferson-Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near Jefferson
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME

JOHN WILLIAM CLAYTON HEMP

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6 (b) Name of ~~husband~~ or wife Madora Easterday
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) August 13, 1888

8. AGE: Years 57 Months 3 Days 13 It less than one day
hrs. min.

9. Birthplace Nr. Jefferson-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Clayton R. Hemp

13. Birthplace Frederick County Maryland

14. Maiden name Louise Notnagle

15. Birthplace Frederick County Maryland

16. Informant Mrs. Madora E. Hemp

Address Jefferson, Maryland

17. Burial 11/30/45
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location Jefferson, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 28 Nov 19 45 Elizabeth G. Hack
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 19 45 at 1:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 19 45 to Nov 26 19 45
and that I last saw him alive on Nov 25 19 45

Immediate cause of death Cardiac
decompensation & generalized
edema DURATION 2 wks

Due to Coronary Occlusion 3 wks
Chronic Myocarditis 20 yrs

Due to Thyroid hypofunction 20 yrs
Recurrent Pulmonary Infection 10 yrs

Other conditions Club foot, etc. Life
Paratyphoid, cerebral, thrombia Physician
(Include pregnancy within 4 months of death)

Major findings: on Circulatory Basis

01 operations
01 autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

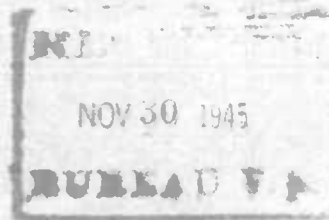
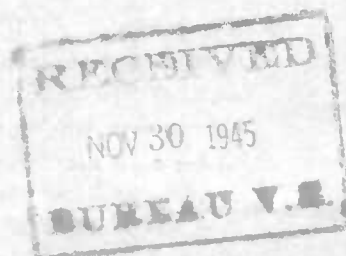
23. SIGNATURE G. P. Price M. D.

Address Jefferson Md Date signed 11/27/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

CERTIFICATE OF DEATH

Reg. Dist. No. 11966 131

I. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Sunnyside

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

EMMA GERTRUDE JAMES

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife William James

7. Birth date of deceased (mo., day, yr.) February 3, 1888
 6. (c) If alive, give age years

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>9</u>	<u>5</u>hrs.min.

9. Birthplace Burkittsville-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Clayton Whalen
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Matilda Moore
 15. Birthplace Frederick County Maryland

16. Informant John C. White
 Address Jefferson, Maryland

17. Burial Date thereof 11/ 12 /45
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Fairview Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 12 Nov 19 45 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8th, 1945 at 4:25A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 19 45 to Nov 8 19 45
 and that I last saw him alive on Nov 7 19 45

Immediate cause of death Arterio stenosis
 DURATION 3 mo. +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. Thomas M. D.Address Frederick, Maryland Date signed 11-8-45

RECEIVED
NOV 12 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-6

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)Street No. Near Frederick

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

ALBERT J. JOHNSON

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W6. (a) ~~Single~~, married, widowed, or divorcedM6. (b) Name of husband or wife Catharine Weidman6. (c) If alive, give age 49 years7. Birth date of deceased (mo., day, yr.) June 12, 1884

8. AGE:

Years

Months

Days

If less than one day

61518

hrs.

min.

9. Birthplace Minnesota
 (Town, county, and state)10. Usual occupation Dry Cleaning Business11. Industry or business Own Business12. Name H. J. Johnson13. Birthplace Sweden14. Maiden name Anna Erickson15. Birthplace Sweden16. Informant Mrs. Catharine W. JohnsonAddress R. F. D. #5, Frederick, Md.17. Burial Date thereof 12/3/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Johns Hains Reformed CemLocation Wernersville, Pa.18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 1-Dec 1945
 (Date rec'd by registrar)Elizabeth G. Heck
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30, 1945 at 4:40A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him in DEAD November 30, 1945Immediate cause of death Fracture of Skull
Shock

DURATION

2 daysDue to Automobile and electric trolley car
collision - cross

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11-30-45Where did injury occur? Rocky Springs Road (City or town) (County) (State)Injured at home, farm, industry, public place (where?) R.F.D. 5, FrederickMeans of injury Trolley car Injured at work? yes23. SIGNATURE P. W. BauAddress Frederick, Maryland Date signed 12-1-45

Deputy Medical Examiner

M. D. or other

RECEIVED

DEC 4 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 9/27/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 9/27/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 309 S. Sharp St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles Edward Jones

3. (b) Social Security Number

239-12-0481

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Feb. 8, 1907
 8. AGE: Years 38 Months 9 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation Tobacconist
 11. Industry or business _____

FATHER 12. Name Gustavies O. Jones
 13. Birthplace Virginia
 MOTHER 14. Maiden name Dorothea Zimmisch
 15. Birthplace Baltimore, Md.

16. Informant Deceased
 Address _____

17. Buried Date thereof Nov. 24, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Greenmount Cem.
 Location Baltimore, Md.

18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland

19. 12/18/45 19 _____
 (Date rec'd by registrar) Registrar _____

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 19 45 at 12:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 27 19 45 to Nov. 18 19 45
 and that I last saw him alive on November 18 19 45

Immediate cause of death Pulmonary Tuberculosis DURATION 22 Mos.

~~XXXX~~ Tuberculous Enteritis 2 Mos.

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE J. B. Ryan M. D. ~~XXXX~~
 Address State Sanatorium, Md. Date signed 11/19/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 20 1945

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

CERTIFICATE OF DEATH

Reg. Dist. No. 11669 3.1

1. PLACE OF DEATH:
 County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 35 years
 Hospital, institution, or street address where death occurred:
 Frederick City Hospital
 How long in hospital or institution?..... 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland..... County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 639 Park Place
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME
 EDITH LOUISE KESSELRING

3. (b) Social Security Number
 None

4. Sex..... Female
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... Chester R. Kesselring
 6.(c) If alive, give age..... 71 years
 7. Birth date of deceased (mo., day, yr.)..... February 12-1879
 8. AGE: Years..... 66 Months..... 9 Days..... 6 If less than one day..... hrs. min.

9. Birthplace..... Thurmont- Maryland
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business

FATHER
 12. Name..... Jacob Reed
 13. Birthplace..... Pennsylvania
 MOTHER
 14. Maiden name..... Elizabeth Wiles
 15. Birthplace..... Pennsylvania

16. Informant..... Chester R. Kesselring
 Address..... 639 Park Place-Frederick, Md.

17. Burial..... Date thereof..... Nov. 21-1945
 (Burial, exhumation, or removal. Which?) (month) (day) (year)
 Cemetery or exhumation..... Mount Olivet Cemetery
 Location..... Frederick, Maryland

18. Funeral director..... C.E.Cline and Son
 Address..... Frederick, Maryland

19. 19 Nov 1945 Elizabeth G. Hede
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 18- 19 45 at 1:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 Oct. 11 1945 to Nov. 18 1945
 and that I last saw him alive on Nov. 18 1945

Immediate cause of death..... Cerebral Hemorrhage
 DURATION..... 2 days

Due to.....
 Due to.....
 Other conditions..... Hypertension

(Include pregnancy within 8 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of Injury..... Injured at work?

23. SIGNATURE..... A. A. Pearce, M.D.
 Address..... Frederick, Md. M. D. or other
 Date signed..... 11/19/45

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NOV 21 1945

BUREAU V.S.

Dr. A. A. Pearce

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11070

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 10/5/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 10/5/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 632 S. Bond St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Stephen J. Knapik

3. (b) Social Security Number

216-01-2153

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of ~~husband~~ wife Mary D. Knapik8. (c) If alive, give age 35 years

7. Birth date of

deceased (mo., day, yr.) 12/29/1907

8. AGE:

371026

If less than one day

hrs. min.

9. Birthplace

Baltimore, Md.

(Town, county, and state)

10. Usual occupation

Bartender

11. Industry or business

FATHER

12. Name

Stephen J. Knapik

13. Birthplace

Baltimore, Md.

MOTHER

14. Maiden name

Monica Krieger

15. Birthplace

Baltimore, Md.

16. Informant

Deceased

Address

17.

Burial Date thereof Nov 28, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

St. Mary's

Location

Baltimore, Md.

18. Funeral director

Address

Martin W. Disappeal

19.

11/28/1945
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1945, at 7:25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 5 1945, to Nov. 24 1945.
 and that I last saw him alive on November 24 1945.

Immediate cause of death

Pulmonary Tuberculosis

DURATION

5 yrs. &
2 mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

J. B. LynnM. D. XXXXAddress State Sanatorium, Md. Date signed 11/24/45

RECEIVED

NOV 27 1943

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 9/17/45
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 9/17/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County _____
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 421 N. Paca St.
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Melvin Leek

3. (b) Social Security Number

214-18-2540

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of ~~husband~~ wife Bertha Leek
T. Birth date of deceased (mo., day, yr.) 3/5/1895 6.(c) If alive, give age 49 years
8. AGE: Years 50 Months 8 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual occupation Interior Decorator
11. Industry or business _____
FATHER 12. Name William Leek
13. Birthplace Germany
MOTHER 14. Maiden name Sophie Hamilton
15. Birthplace Baltimore, Maryland
16. Informant Deceased

Address _____
17. Burial Date thereof Nov 27, 1945
(Burial, cremation, or removal) Which? (month) (day) (year)
Cemetery or crematory Baltimore National
Location Baltimore, Md.
18. Funeral director M. L. Creager & Son
Address Thurmont, Maryland
19. 11/23 45
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 19 45 at 11:50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 17 19 45 to Nov. 23 19 45
and that I last saw him alive on November 23 19 45

Immediate cause of death Pulmonary Tuberculosis DURATION 28 Mos.
~~Pulmonary~~ Pulmonary Hemorrhage Few Min.
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE J. D. Lynn M. D. MARK
Address State Sanatorium, Md. Date signed 11/24/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

RECEIVED

NOV 27 1945

BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

★ 1107231
Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 years
Hospital, institution, or street address where death occurred:
131-A West South Street
How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 131-A West South Street
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME

THOMAS ASHBY LOCKE, SR.

3. (b) Social Security Number

None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Mary A. Lease Locke</u>		
7. Birth date of deceased (mo., day, yr.) <u>September 1, 1866</u>		
8. AGE: Years <u>79</u>	Months <u>2</u>	Days <u>8</u>
If less than one day hrs. min.		

6. (c) If alive, give age 72 years
9. Birthplace Charlestown, West Virginia
(Town, county, and state)
10. Usual occupation Retired B&O Conductor
11. Industry or business None

12. Name John William Locke
13. Birthplace West Virginia
14. Maiden name Honora Farnsworth
15. Birthplace West Virginia

16. Informant Mrs. Thomas A. Locke
Address Frederick, Maryland
17. Burial Date thereof Nov. 11, 1945
(Burial, cremation, or other) (month) (day) (year)
Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18. Funeral director C. E. Cline & Son
Address Frederick, Maryland

19. 11-Nov-45 Elizabeth Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 19 45 at 4:55 p M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 29 19 45 to Nov 9 19 45
and that I last saw him alive on Nov 9 19 45

Immediate cause of death	DURATION
<u>Cerebral Hemorrhage</u>	<u>6 days</u>
Due to	
<u>Arterio-sclerosis</u>	
Due to	
Other conditions	

(Include pregnancy within 8 months of death)
Major findings of operations None
Date of op.
Autopsy results Not done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J E Harp MD
M. D. or other
Address Middletown Date signed 11-10-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 12 1945
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

CERTIFICATE OF DEATH

★ Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 9/6/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 9/6/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 842 Park Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Charles O. Lovette

3. (b) Social Security Number

225-12-0504

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1889 6.(c) If alive, give age..... years

8. AGE: Years 56 Months 0 Days 27 If less than one day..... hrs. min.

9. Birthplace Norfolk, Va.
 (Town, county, and state)

10. Usual occupation Watchman

11. Industry or business.....

12. Name Charles C. Lovette13. Birthplace Norfolk, Va.14. Maiden name Irene Manning15. Birthplace Norfolk, Va.16. Informant Deceased

Address.....

17. Burial Date thereof Nov. 17, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Blue Ridge CemeteryLocation Thurmont, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Maryland

19. Nov 8 19 45 Registrar [Signature]
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 19 45, at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
September 6 19 45, to Nov. 8 19 45

and that I last saw him alive on November 8 19 45

Immediate cause of death Pulmonary Tuberculosis DURATION 9 Mos.

~~XXXXXX~~ Laryngeal Tuberculosis 4 Mos.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Linn M. D. ~~XXXXXX~~Address State Sanatorium, Md. Date signed 11/9/45

RECEIVED
NOV 12 1945
BUREAU V.C.

RECEIVED
NOV 12 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH

11075

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 9/26/45
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 9/26/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County.....
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 718 Washington Blvd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3.(a) FULL NAME

Joseph McKenna

3.(b) Social Security Number

216-12-8410

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of ~~husband~~ wife Bernadette McKenna6.(c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.)

Jan. 24, 1917

8. AGE:

Years

Months

Days

If less than one day

28

10

4

hrs.

min.

9. Birthplace

Baltimore, Maryland

(Town, county, and state)

10. Usual occupation

Milkman

11. Industry or business

FATHER

12. Name

Joseph C. McKenna

13. Birthplace

Baltimore, Md.

MOTHER

14. Maiden name

Jane W. Riddell

15. Birthplace

Baltimore, Md.

16. Informant

Deceased

Address

17. Burial Date thereof 12/1/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery ~~XXXX~~ New Cathedral

Location

Baltimore, Md.

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Maryland

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 19 45 at 5:55 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
September 26 19 45 to Nov. 28 19 45
 and that I last saw him alive on November 28 19 45

Immediate cause of death

Pulmonary Tuberculosis

DURATION

14 Mos.~~XXXX~~Tuberculous Meningitis1 Wk.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. ~~XXXX~~Address State Sanatorium, Md. Date signed 11/29/45

RECEIVED TO THE DIRECTOR OF THE BUREAU OF INVESTIGATION

U.S. DEPARTMENT OF JUSTICE

WASHINGTON, D.C. 20535

RECEIVED
DEC 3 1945
BUREAU V.E.

RECEIVED TO THE DIRECTOR OF THE BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

CERTIFICATE OF DEATH

11076

Reg. Dist. No. 134

1. PLACE OF DEATH:

County FrederickCity or town Emmitsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 1933

Hospital, institution, or street address where death occurred:

St. Joseph's Central HouseHow long in hospital or institution? 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg,

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Irene McSweeney (Sister Irene)

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Sister of Charity

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1879

8. AGE: Years Months Days If less than one day

651121

hrs.

min.

9. Birthplace New York City

(Town, county, and state)

10. Usual occupation Teaching11. Industry or business Sister of Charity12. Name Daniel E. McSweeney13. Birthplace Cork, Ireland14. Maiden name Mary Agnes Reilly15. Birthplace Brooklyn, N.Y.16. Informant Sister Isabel, VisitatrixAddress St. Joseph's Central House17. Burial Date thereof Nov. 26, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Joseph's (private)Location Emmitsburg, Maryland18. Funeral director S. L. AllisonAddress Emmitsburg Md.19. Nov 25 1945 M. F. Shuff

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1945 at 10:10 P M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

Nov 10 1945 to Nov 23 1945and that I last saw him alive on Nov 23 1945

Immediate cause of death

acute cholecystitis. —

DURATION

5 days

Due to _____

Due to _____

Other conditions severe chronic arthritis — several yearsFracture of arm — occurred while lifting patient from bed. 2 weeks

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident. Date of November 23rd, 1945Where did injury occur? St. Joseph's College & Seminary, Maryland

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Sister's infirmary

Means of injury _____ Injured at work? _____

23. SIGNATURE W. R. Cadle M. D. or otherAddress Emmitsburg Md. Date signed 11-24-45

RECEIVED
DEC 4 1945
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8300

CERTIFICATE OF DEATH

11077

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick
 City or town Bridgeport
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Bridgeport
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Edgar A. Miller

3. (b) Social Security Number

218-12-4492

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Grace Hockensmith Miller
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 14, 1932
 8. AGE: Years 63 Months 7 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Md. Frederick Co
 (Town, county, and state)
 10. Usual occupation carpenter
 11. Industry or business _____

FATHER 12. Name George W. Miller
 13. Birthplace Frederick Co, Md
 MOTHER 14. Maiden name Emma Harbaugh
 15. Birthplace Frederick Co, Md.

16. Informant Mrs. Grace Miller
 Address Taneytown R#3

17. Burial Mountain View Date thereof Nov. 26, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mountain View
 Location Emmitsburg, Md.

18. Funeral director C.O. RUSS & SON
 Address Taneytown, Md.

19. Nov-25-1945 M. F. Shuff
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1945 at 2A M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1945 to Nov 24 1945
 and that I last saw him alive on Nov 23 1945
 Immediate cause of death Cerebral hemorrhage DURATION 1 day
Hypertension & arteriosclerosis several years
 Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE H. C. Cadle M.D. or other M.D.
Emmitsburg Md Date signed 11-24-45
 Address _____

RECEIVED

DEC 4 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

Reg. Dist. No. 11078 154

1. PLACE OF DEATH:

County Fredrick
 City or town Rural, Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Emmitsburg, R.D.
 (If rural, give LOCATION)
 2.(a) If veteran, name war 2 miles South

3. (a) FULL NAME

Miss Emma C. Moore

3. (b) Social Security Number

None

4. Sex Fm 5. Color or race white 6.(a) Single, married, widowed, or divorced single
 6.(b) Name of husband or wife
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) October 18 1870
 8. AGE: Years 75 Months 00 Days 24 It less than one day hrs. min.

9. Birthplace Unknown
 (Town, county, and state)
 10. Usual occupation Housekeeper
 11. Industry or business

FATHER 12. Name Ignatius Moore
 13. Birthplace Glossesster Mass
 MOTHER 14. Maiden name Rebecca Dielman
 15. Birthplace Washington, Dc

16. Informant Adeline Roddy
 Address Thurmont, Maryland.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Nov 16, 1945
 (month) (day) (year)
 Cemetery or crematory St Anthony's Shrine Cemetery
 Location Emmitsburg, Md.

18. Funeral director S. L. Allison
 Address Emmitsburg, Md.

19. Nov-15, 45 M. F. Shuff
 (Date rec'd by registry) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 45 at 4 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1943 19 to Nov 12 45
 and that I last saw him alive on Nov 5 45
 Immediate cause of death Coronary occlusion DURATION 1 hour
 Due to arteriosclerotic several
cardio-vas. disease years
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. R. Cadle MD M. D. or other
Emmitsburg Md Date signed 11-13-45

RECEIVED

NOV 17 1945

BUREAU V.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170

CERTIFICATE OF DEATH

11679

Reg. Dist. No. 137

1. PLACE OF DEATH:

County... Frederick
City or town... Rural--Union Bridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick
City or town... Rural--Union Bridge
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Elizabeth ANN Naill

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Feb'y 23, 1930

8. AGE:

Years

15

Months

8

Days

25

If less than one day

hrs.

min.

9. Birthplace

Carroll Co. Maryland

(Town, county, and state)
None

10. Usual occupation

11. Industry or business

FATHER

12. Name

Edward E. Naill

13. Birthplace

Maryland

MOTHER

14. Maiden name

Ella E. Glass

15. Birthplace

Maryland

16. Informant

Mr. Edward E. Naill

Address

Union Bridge, Md.

17.

Burial

(Burial, cremation, or removal, Which?)

Date thereof

11-20-45

(month) (day) (year)

Cemetery or crematory

Bethany

Location

near Taylorsville, Carroll Co. Md.

18. Funeral director

C. M. Waltz

Address

Winfield, Md.

19.

Nov 20 1945

(Date rec'd by registrar)

19

45

M. J. Quigley

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 18

1945

at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her dead on Nov 18 1945

Immediate cause of death

Fracture of skull
laceration of brain
Fracture of ribs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11.18.45

Where did injury occur? near Union Bridge, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

auto

Injured at work?

no

23. SIGNATURE

P. W. Baer

M. D. or other

Address

Frederick, Md.

Date signed 11.18.45

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
NOV 21 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 486

11680

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH:

County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed or divorced.....

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.).....

8. AGE: Years..... Months..... Days..... hrs..... min.....
If less than one day9. Birthplace.....
(Town, county, and state)

10. Usual occupation.....

11. Industry or business

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial..... Date thereof.....

(Burial, cremation, or removal, Which?)..... (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. Nov. 19..... 1945.....

(Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... November 18, 1945, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1, 1944, to Nov. 18, 1945, and that I last saw him alive on Nov. 15, 1945.

Immediate cause of death..... Carcinoma of Uterus..... DURATION 18 mo.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Ernest P. Roop, M.D.

Address..... New Market, Md. M.D. or other

Date signed 11-19-45

RECEIVED
NOV 21 1945
BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 124

1. PLACE OF DEATH:

County FrederickCity or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Annie Reese Stansbury Ohler

3. (b) Social Security Number

none4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow6.(b) Name of husband or wife Jacob Reese Ohler

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 24, 18618. AGE: Years 84 Months 0 Days 4 If less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Housework

11. Industry or business

12. Name William Stansbury13. Birthplace Md14. Maiden name Lydia Clute15. Birthplace Md16. Informant Miss Emma OhlerAddress Emmitsburg, Md.17. Burial Date thereof Dec. 1, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Emmitsburg, Md18. Funeral director C. D. Fuss & SonAddress Taneytown, Md19. Dec 1 - 45 M. F. Shreff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 19 45 at 11 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1926 19 _____ to Nov 28 19 45
and that I last saw him/her alive on Nov 27 19 45Immediate cause of death arteriosclerotic cardio-vascular disease
DUE TO several yearsOther conditions chronic cholecystitis several years

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____Where did injury occur? _____
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?23. SIGNATURE W. A. Cadle M D
Address Emmitsburg Md M. D. or other _____
Date signed 11-29-45

CERTIFICATE OF DEATH

RECEIVED

DEC 12 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11081

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 Weeks

Hospital, institution, or street address where death occurred:

2 Frederick Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State District of Columbia County WashingtonCity or town Washington
(If outside city or town limits, write RURAL and give nearest town)Street No. 815 Sheridan Street N. W.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

CLARA VIRGINIA OLAND

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced—

Widow6. (b) Name of husband or Charles F. Oland7. Birth date of deceased (mo., day, yr.) April 8, 1855
B. (c) If alive, give age..... years8. AGE: Years Months Days If less than one day
90 7 9 hrs. min.9. Birthplace Lewistown-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Simon Peter Craver13. Birthplace Frederick County Maryland14. Maiden name Susan Stull15. Birthplace Frederick County Maryland16. Informant Mrs. C. E. MeitzlerAddress 2 Frederick Ave., Frederick, Md.17. Burial Date thereof 11/20/45
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 19 Nov 1945 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17, 1945, at 6 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 12 19 45 to Nov. 17 19 45and that I last saw him alive on Nov. 17 19 45

Immediate cause of death..... DURATION

Cerebral thrombosis 5 days

Due to.....

Due to Ventricular (Rt)Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations NoneAntopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury Injured at work?

23. SIGNATURE A. A. Garre M. D.Address Frederick, Maryland Date signed 11-17-45

RECEIVED

NOV 20 1945

BUREAU V. M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

CERTIFICATE OF DEATH

11082

131

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Feagaville, Frederick, Md. R. D. 4
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 yrs.

Hospital, institution, or street address where death occurred:

Feagaville

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Feagaville
 (If outside city or town limits, write RURAL and give nearest town)Street No. XX Frederick, Md. R. D. 4(If rural, give LOCATION)
none

2. (a) If veteran, name war

3. (a) FULL NAME

Elmer Alonzo Rehner

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widower6. (b) Name of husband or wife Rosie Cline

7. Birth date of

deceased (mo., day, yr.)

Sept. 24, 1870

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

75924

..... hrs.

..... min.

9. Birthplace Near New Midway, Fred., Md.
 (Town, county, and state)10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name

Wilfred Renner,

13. Birthplace

New Midway, Md.

MOTHER

14. Maiden name

Martha Derr,

15. Birthplace

Near New Midway, Md.

16. Informant

Mrs. Leslie E. Wiles,

Address

Frederick, Md. R. D. 4

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof 11/26/45

(month) (day) (year)

Cemetery or crematory

Church of Brethren Cemetery

Location

Rocky Ridge, Md.

18. Funeral director

M. R. Etchison & Son,

Address

Frederick, Md.

19.

24 Nov
 (Date rec'd by registrar)

19

45Elizabeth G. Heick.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23, 1945 19 45 at 12:05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....
 and that I last saw him dead Nov. 23rd. 19 45
live on

Immediate cause of death

Cerebral hemorrhage

DURATION

1 hr. (?)Due to Arterio-sclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

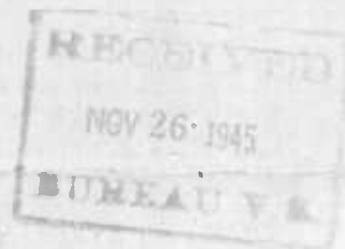
Deputy Medical

23. SIGNATURE

B. P. Thomas Jr.
Frederick, Md.

M. D. or other

Address..... Date signed Nov. 23, 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of age is shown on

Film G 99 11/21/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7401

CERTIFICATE OF DEATH

★ 11083 141
Reg. Dist. No.

1. PLACE OF DEATH:

County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 54 yrs
Hospital, institution, or street address where death occurred:
407 West Palms St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 407 West Palms St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME

Margaret A. Rice

3.(b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Margaret S. Rice

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan 25 1867

8. AGE: Years 78 Months 11 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name James A. Rice

13. Birthplace Maryland

14. Maiden name Isabel Gossard

15. Birthplace Maryland

16. Informant James M. Rice

Address Baltimore Md.

17. Burial Date thereof Nov 9 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory London Park

Location Baltimore Maryland

18. Funeral director C. H. Felt & Son

Address Baltimore Md.

19. Nov 9 - 1945 Registrar Emma Martin
(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH Nov 5 1945 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 6 1945 to Nov 5 1945

and that I last saw him alive on Nov 5 1945

Immediate cause of death Leukemia +

Congestive heart failure

Due to _____

Due to _____

Other conditions Smoking Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. L. Price M. D. or other _____

Address Jefferson Date signed 11/8/45

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
NOV 10 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1862

11084

CERTIFICATE OF DEATH

★ Reg. Dist. No. 131

1. PLACE OF DEATH:

County... FrederickCity or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 years

Hospital, institution, or street address where death occurred:

115 Record Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FrederickCity or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No... 115 Record Street

(If rural, give LOCATION)

2.(a) If veteran, name war... None

3. (a) FULL NAME

MARGARET MINERVA ROBINSON

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single6. (b) Name of husband or wife... None

6. (c) If alive, give age... years

7. Birth date of

deceased (mo., day, yr.) March 24, 1857

8. AGE:

Years

89

Months

7

Days

16

If less than one day

.....hrs.min.

9. Birthplace... Harford County, Maryland
(Town, county, and state)10. Usual occupation... Retired School Teacher11. Industry or business... None12. Name... Alphonso Robinson13. Birthplace... Belair, Maryland14. Maiden name... Charlotte Marie Emory15. Birthplace... Belair, Maryland16. Informant... Home for the AgedAddress... 115 Record St., Frederick, Md.17. Burial Date thereof... Nov. 10 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... Union Chapel CemeteryLocation... Belair, Maryland18. Funeral director... C. E. Cline & SonAddress... Frederick, Maryland19. 9 Nov 45 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Nov. 9 1945 at 8⁰⁰ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 30 1945, to Nov. 8 1945and that I last saw her... alive on Nov. 8 1945

Immediate cause of death

Senility + Arterio-sclerosis

DURATION

Due to.....

Due to.....

Other conditions... Fracture of hip; due toAccidental fall, over 60
(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

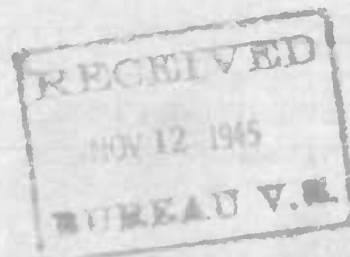
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide... Accident Date of May 28th, 1945Where did injury occur? Frederick Frederick Maryland
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Front steps of Home for the Aged

Means of injury Injured at work?

23. SIGNATURE C. H. Conley M.D. or otherAddress... Frederick, Md. Date signed... Nov. 9, 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 147-C

CERTIFICATE OF DEATH

11085

Reg. Dist. No. 132

1. PLACE OF DEATH:

County FrederickCity or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war World War 11

3. (a) FULL NAME

Marshall Leon Rapp

3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

B. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) April 25, 1904

8. AGE:

Years 41 Months 6 Days 18 If less than one day _____ hrs. _____ min.9. Birthplace Middletown Frederick Co. Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name John H. Rapp13. Birthplace Middletown, Md.

MOTHER

14. Maiden name Mary Estelle Hartsock15. Birthplace Middletown, Md.16. Informant Mary E. RappAddress Middletown, Md.17. Burial Date thereof 11-15-45
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Md.18. Funeral director Bladhill Co.Address Middletown, Md.19. Nov 15, 1945 Mary Bladhill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13, 1945 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 13, 1945 to Nov 13, 1945
and that I last saw deceased alive on Nov 13, 1945

Immediate cause of death

Sunstroke and 7
head minutes

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 11.13.45Where did injury occur Howell's Farm Frederick
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of injury Shot gun Injured at work?

23. SIGNATURE

R. W. Bader Frederick, Md. Date signed Nov 15, 1945DEPUTY DR. R. W. BADER
MEDICAL EXAMINER

RECEIVED
NOV 23 1945
BURNETT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

Reg. Diat. No. 11086 132

1. PLACE OF DEATH:

County FrederickCity or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Braddock Heights
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Clarence W. Rudy

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white widowed6. (b) Name of husband or wife Annie L. Rudy7. Birth date of deceased (mo., day, yr.) July 2, 1864 6. (c) If alive, give age _____ years8. AGE: Years Months Days If less than one day
81 4 28 _____ hrs. _____ min.9. Birthplace Middletown Frederick Co., Md.
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

12. Name Joshua Rudy13. Birthplace Middletown, Md.14. Maiden name Phoebe Schildtknecht15. Birthplace Middletown, Md.16. Informant Paul RudyAddress Middletown, Md.17. Rural Date thereof 12-3-45
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Md.18. Funeral director Gladhill Co.Address Middletown, Md.19. Dec 3 19 45 Marie Gladhill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30, 1945 at 7:00 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov 29, 1945 to Nov 30, 1945
and that I last saw him alive on Nov 29, 1945

Immediate cause of death

DURATION

Coronary OcclusionDue to (Sudden)

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? Now (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. E. Harp M.D. M. D. or otherAddress Middletown Date signed 11-30-45

RECEIVED
DEC 7 1945
BUREAU V &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since Feb. 27, 1940
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since Feb. 27, 1940

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys
 City or town Bushwood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

CATHERINE E. RUSSELL

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) Feb. 10, 1920 6. (c) If alive, give age _____ years
 8. AGE: Years 25 Months 8 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace St. Marys Co., Md.
 (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Paul I. Russell
 13. Birthplace St. Mary's Co., Md.
 14. Maiden name Julia A. Raley
 15. Birthplace St. Maty's Co., Md.

16. Informant Deceased

Address Burnie
 17. (Burial, cremation, or removal. Which?) Buried Date thereof unknown
 (month) (day) (year)
 Cemetery or crematory unknown
 Location _____

18. Funeral director P. B. Robinson
 Address Leonardtwn, Md.

19. (Date rec'd by registrar) 11/4/45 Registrar _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1945, at 3:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 27 1940, to Nov. 4 1945

and that I last saw her alive on Nov. 4 1945

Immediate cause of death _____ DURATION _____

PULMONARY TUBERCULOSIS 6 yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statitically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

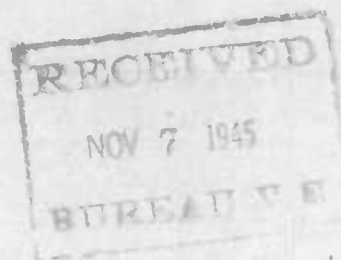
Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. B. Lynn M. D. overseer

Address State Sanatorium, Md. Date signed Nov. 4, 1945



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

CERTIFICATE OF DEATH

★ Reg. Dist. No. 11088 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 Years

Hospital, institution, or street address where death occurred:

233 1/2 North Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 233 1/2 North Market Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

EMMA KLINE SHAFFER

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Charles E. Shaffer

7. Birth date of

deceased (mo., day, yr.)

June 29, 1864

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

81427

..... hrs. min.

9. Birthplace Rocky Spring-Frederick-Maryland
(town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER
MOTHER

12. Name

Josiah T. Kline

13. Birthplace

Frederick County Maryland

14. Maiden name

Caroline Kehne

15. Birthplace

Germany

16. Informant

Harry K. Shaffer

Address

Dill Ave., Frederick, Maryland

17.

(Burial, cremation, or removal-Which?)

Date thereof

11/29/45

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

(Date rec'd by registrar)

19

45-Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26, 1945, at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 5 to Nov 26, 1945 to Nov 26, 1945and that I last saw him alive on Nov 26, 1945

Immediate cause of death

Broncho pneumonia

DURATION

3 weeks

Due to.....

Due to.....

Other conditions

Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. H. Hedges

M. D.

Address Frederick, Maryland

M. D. or other

11-27-45

Date signed

RECEIVED

NOV 27 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

11089

Reg. Diat. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick (Rural)
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 yearsHospital, institution, or street address where death occurred: MontroseHow long in hospital or institution? 5 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 711 East South Street

(If rural, give LOCATION)

2(a) If veteran, name war None

3. (a) FULL NAME

Mary Ellen Shawe

3. (b) Social Security Number

None4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced WidowedB. (b) Name of husband or wife Thomas F. Shawe7. Birth date of deceased (mo., day, yr.) June 6 - 18616. (c) If alive, give age — years8. AGE: Years 84 Months 5 Days 17 If less than one day

hrs. min.

8. Birthplace Myersville - Frederick Co. Md.
(Town, county, and state)10. Usual occupation House keeper

11. Industry or business

12. Name Hezekiah Sumner13. Birthplace Myersville - Md.14. Maiden name Annie Moore15. Birthplace Myersville - Md.18. Informant Harvey ShaweAddress Frederick - Maryland17. Burial Date thereof 11-25-1945

(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Pleasant View CemeteryLocation Monrovia - Maryland18. Funeral director C. E. Cline and SonAddress Frederick - Maryland19. 24 Nov - 1945 Elizabeth H. Hech

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

29. DATE OF DEATH Nov. 23 19 45 at 10:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 23 19 45 to Nov 23 19 45and that I last saw her dead Nov 23, 1945 19 45Immediate cause of death Cerebral HemorrhageDue to AtherosclerosisDue to —Due to —Other conditions —

(Include pregnancy within 8 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of Injury — Injured at work? —23. SIGNATURE B. O. Thomas Jr. M.D.228 N. Market St. M. D. or otherAddress Frederick, Md Date signed Nov. 24, 1945

RECEIVED STATE DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

RECEIVED

NOV 27 1945

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 38

11690

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 Years
 Hospital, institution, or street address where death occurred:
361 West Patrick Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 361 West Patrick Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

MARTHA ELIZABETH SIMMONS

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
6. (b) Name of husband or wife <u>Edmund Simmons</u>		
7. Birth date of deceased (mo., day, yr.) <u>October 25, 1859</u>		
8. AGE: Years <u>86</u>	Months <u>0</u>	Days <u>26</u>
It less than one dayhrs.min.		

9. Birthplace Unknown
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Unknown
 13. Birthplace Unknown

14. Maiden name Unknown
 15. Birthplace Unknown

16. Informant Robert H. Simmons
 Address 361 W. Patrick St., Frederick, Md

17. Burial 11/21/45
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 20 Nov 1945 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19, 1945 at 9:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov 18 1945 to Nov 19 1945
 and that I last saw him alive on Nov 18 1945

Immediate cause of death Carcinoma of face
 DURATION 3 years

Due to

Due to

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

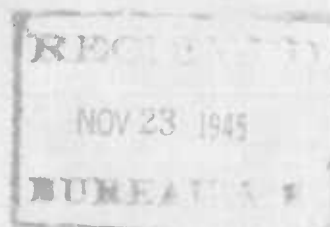
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Lawrence Tabor M. D.

Address Frederick, Maryland 11-20-45
 Data signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Reg. Dist. No. 1109144

1. PLACE OF DEATH:

County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 78 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)Street No. —
(If rural, give LOCATION)2.(a) If veteran, name war —

3. (a) FULL NAME

Carrie Parish Slick

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single6.(b) Name of husband or wife —7. Birth date of deceased (mo., day, yr.) February 24, 18678. AGE: Years 78 Months 8 Days 21 If less than one day — hrs. — min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Interior Decorator11. Industry or business —12. Name Abednego Slick13. Birthplace MD14. Maiden name Ziggie (Parish) Slick15. Birthplace MD16. Informant C.W. BlackAddress 329 Tenbridge Road - Baltimore Md17. Burial Date thereof Nov 17, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Blue RidgeLocation Thurmont18. Funeral director Wilkins & CoeAddress Thurmont19. Nov 17 19 45 W. J. Pryor, Jr.
(Date rec'd by registrar) (month) (day) (year) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 19 45 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 1 19 43 to Nov. 15 19 45and that I last saw him alive on Nov. 13 19 45

Immediate cause of death

Heart disease
Coronary Occlusion
Myocarditis Chronic

Due to

Due to

Other conditions Bronchitis subacute

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

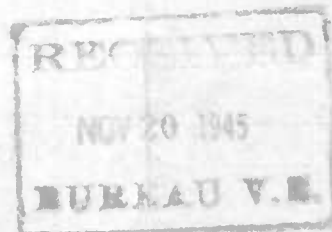
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE James Gray M.D. or otherAddress Thurmont-Md. Date signed 11/16/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (312)

11092

CERTIFICATE OF DEATH

★ Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 days
 Hospital, institution, or street address where death occurred:

Frederick City Hospital
 How long in hospital or institution? 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 19 East C
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Mazie Medora Speaks

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Herbert Speaks

7. Birth date of

deceased (mo., day, yr.)

Dec 23

6. (c) If alive, give age..... years

67
1887 1954

8. AGE:

Years

Months

Days

If less than one day

631010

hrs.

min.

9. Birthplace

Virginia

(town, county, and state)

10. Usual occupation

Homemaker

11. Industry or business

Home

FATHER

12. Name

Frank Ayers

13. Birthplace

Van

MOTHER

14. Maiden name

Etta Baker

15. Birthplace

Virginia

16. Informant

Mr Herbert Speaks

Address

Brunswick Md

17.

(Burial, cremation, or removal) (Which?)

Date thereof

Nov 7 1965

Cemetery or crematory

Park Heights

Location

Brunswick Md

18. Funeral director

W.H. Zietz & Bros

Address

Brunswick Md

19.

(Date rec'd by registrar)

5- Nov 19 45Elizabeth G Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov 2 19 45 at 5:25 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 13 19 45 to Nov 2 19 45and that I last saw him alive on Nov 1 19 45

Immediate cause of death

Uremia

DURATION

1 wk

Due to

Chronic Nephritis& Myelomatosis2 yrs

Due to

Arteriosclerosis

Other conditions

Myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

23. SIGNATURE

A. J. Bruce

M. D. or other

Address..... Jefferson Md Date signed 11/2/45

11-11

RECEIVED

RECEIVED

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RECEIVED

11-11

RECEIVED

NOV 7 1945

BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11093

Reg. Dist. No. 139

1. PLACE OF DEATH:

County... Frederick
City or town... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 11/22/44
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 11/22/44

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County...
City or town... Franklinton, Balto. City
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5104 Division St.
(If rural, give LOCATION)
2.(a) If veteran, name war...

3. (a) FULL NAME

Charles Stencil

3. (b) Social Security Number

219-03-4836

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

11/3/1880

6. (c) If alive, give age... years

8. AGE:

Years

65

Months

0

Days

24

If less than one day

hrs. min.

9. Birthplace

Poland

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

FATHER

12. Name

Joseph Stencil

13. Birthplace

Poland

MOTHER

14. Maiden name

Martha ?

15. Birthplace

Poland

16. Informant

Deceased

Address

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof Nov. 30, 1945
(month) (day) (year)

Cemetery or crematory

New Cathedral

Location

Baltimore, Md.

18. Funeral director

M. L. Creager & Son

Address

Thumont, Maryland

19.

11/27/45
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 19 45 at 3:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 22 19 44 to Nov. 27 19 45
and that I last saw him alive on November 27 19 45

Immediate cause of death

Pulmonary Tuberculosis

DURATION

2 Yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. B. Lynn

M. D. ~~XXXX~~

Address State Sanatorium, Md. Date signed 11/28/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1945
BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

Reg. Dist. No. 132

11094

1. PLACE OF DEATH:
 County Frederick
 City or town Rural Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MD County Frederick
 City or town Rural Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME
Geo. Henry Stine

3. (b) Social Security Number _____

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Fannie Stine

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 12, 1874

8. AGE: Years 21 Months 7 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Middletown Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business _____

12. Name Thomas Stine

13. Birthplace Middletown, Md.

14. Maiden name Mollie Carby

15. Birthplace Myersville, Md.

16. Informant Mrs. Wilmer Moser

Address Middletown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-20-45
 (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown, Md.

18. Funeral director Bladwell Co.

Address Middletown, Md.

19. Nov 20 19 45 Marie Gladhill
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV 18 1945, at 8 A:M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____ to _____ 19____

and that I last saw him live on Nov 18 1945

Immediate cause of death _____ DURATION _____

Coronary occlusion Immediate

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. W. Bow M. D. or other _____

Address Frederick, Md. Date signed 11.20.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Fredrick
 City or town Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 44 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick
 City or town Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Frank Albert Stoner

3. (b) Social Security Number

none

4. Sex m 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Mary Alice Bowling
 6. (c) If alive, give age 72 years
 7. Birth date of deceased (mo., day, yr.) October 1, 1871
 8. AGE: Years 74 Months 1 Days 28 If less than one day
 hrs. min.

9. Birthplace Adams Co., Pa.
 (Town, county, and state)
 10. Usual occupation Carpenter
 11. Industry or business

FATHER 12. Name Peter Stoner
 13. Birthplace Pennsylvania
 MOTHER 14. Maiden name Harriet McCleaf
 15. Birthplace Adams Co., Pa.

16. Informant Levin H. Stoner
 Address Emmitsburg, Md.

17. burial Date thereof December 3, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Joseph Catholic Cemetery
 Location Emmitsburg, Md.

18. Funeral director A. L. Allison
 Address Emmitsburg, Md.

19. Dec 2 = 19 45 M. F. Shuff
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 19 45 at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1926 19 45 to Nov 29 19 45
 and that I last saw him alive on Nov 28 19 45

Immediate cause of death
Pulmonary Embolism DURATION 1 hour
 Due to arteriosclerotic cardiac vascular disease
 Due to several years
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. R. Cade MD M. D. or other
 Address Emmitsburg Md Date signed 11-30-45

RECEIVED

RECEIVED

RECEIVED
DEC 4 1945
BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg. Dist. No. 11096 134

1. PLACE OF DEATH:

County FrederickCity or town Emmitsburg, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Since 1935Hospital, institution, or street address where death occurred:
St. Joseph Central HouseHow long in hospital or institution? Since 1935

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg,
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Joanna Sullivan (Sister Angela)

3. (b) Social Security Number

None4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Sister of Charity

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 18, 18588. AGE: Years 87 Months 5 Days 21 If less than one day _____ hrs. _____ min.8. Birthplace West Roxbury, Mass.
(Town, county, and state)10. Usual occupation Teaching

11. Industry or business

12. Name Jeremiah Joseph Sullivan13. Birthplace Bandon, Co. Cork, Ireland14. Maiden name Geraldine Lane15. Birthplace Bandon, Co. Cork, Ireland16. Informant Sister Mary Loretto EmmitsburgAddress St. Joseph's Central House17. Burial Date thereof Nov. 12, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Joseph's (private)Location Emmitsburg, Maryland18. Funeral director S. L. AllisonAddress Emmitsburg, Md.19. Nov-10-45 19 45 M.F. Shuff
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 19 45 at 7:30 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 19 35 to Nov 9 19 45 and that I last saw her alive on Nov 9 19 45Immediate cause of death Cerebral Hemorrhage DURATION 2 mdsDue to Chronic Arterial SclerosisDue to Progressive Jaundice 10 yrs

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Morris J. Berly M.D. M. D. or other _____Address Thurmont Md Date signed 11/10/45

RECEIVED
NOV 17 1945
BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11097

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 22 Wisner Street

(If rural, give LOCATION)

2.(a) If veteran, name war. None

3. (a) FULL NAME

WILLIAM HENRY TRACEY

3. (b) Social Security Number

217-10-9896

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Blanche Shull

7. Birth date of deceased (mo., day, yr.)

January 1, 19046. (c) If alive, give age 40 years

8. AGE:

Years

Months

Days

If less than one day

411023

.....hrs.

.....min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Laborer11. Industry or business Frederick Iron & Steel Co.12. Name Loren E. Tracey13. Birthplace Dayton, Ohio14. Maiden name Caroline Giffin15. Birthplace Frederick County Maryland16. Informant Mrs. Glanche S. TraceyAddress 22 Wisner St., Frederick, Md.17. Burial

(Burial, cremation, or removal, which?)

Date thereof 11/27/45

(month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 26 Nov 19 45 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24, 1945 at 5:05A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945 to 1945
 and that I last saw him dead now 24 1945
 alive on 1945

Immediate cause of death

Embolicism

Due to following
thrombosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. W. Ban

M. D.

Address Frederick, MarylandDate signed Nov-26-45

RECEIVED
NOV 27 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

11098

★ Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 31 da

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County CarrollCity or town Hutton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Lydia Mary Warner

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Emory L. Warner

7. Birth date of deceased (mo., day, yr.)

Oct 4 - 18786. (c) If alive, give age 21 years

8. AGE:

Years 67 Months 1 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace

Long Green, Belts Co. Md.
(Town, county, and state)

10. Usual occupation

Bookeyer General Inds Store

11. Industry or business

Lewis Gader

12. Name

Emory L. Warner

13. Birthplace

Union, Pa

14. Maiden name

Sarah J. Mast

15. Birthplace

Long Green, Belts Co. Md.

16. Informant

Emory L. Warner

Address

Hutton, Md

17. Burial

Funeral Home
(Burial, cremation, or removal. Which?) Date thereof Nov 8 - 1945
(month) (day) (year)

Cemetery or crematory

Reverend Ladies Cem

Location

Thurmont, Md

18. Funeral director

Thurmont, Md

Address

Thurmont, Md

19. 7 Nov

(Date rec'd by registrar)

19 45

Elizabeth G. Hede

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 - 1945, at 6:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 4 - 1945 to Nov 5 - 1945and that I last saw him alive on Nov 5 - 1945

Immediate cause of death

Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

J. H. Russell
M. D. or other _____

Address

Date signed Nov 6

RECEIVED
NOV 2 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

11099

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Martha Pitzer Weddle

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 19, 1912

8. AGE: Years 33 Months 2 Days 25 It less than one day hrs. min.

9. Birthplace Thurmont, Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation At home

11. Industry or business

12. Name Martin L. Weddle.
 13. Birthplace Thurmont, Md.

14. Maiden name Ella M. Shuff
 15. Birthplace Thurmont, Md.

16. Informant Martin L. Weddle
Thurmont, Md.
 Address

17. Burial Burial Date thereof Nov. 7, 1945
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Lewistown
 Location Lewistown, Md.

18. Funeral director M. L. Creager & Son
Thurmont, Md.
 Address

19. Nov. 6 19 45 Blanche S. Eyles
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)

Street No. West Main St
 (If rural, give LOCATION)

2. (a) If veteran, name war no

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4, 1945 at 2:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 3 19 45 to Nov. 4 19 45
 and that I last saw him alive on Nov. 3 19 45

Immediate cause of death

DURATION

Lobar Pneumonia 5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other

[Signature] Md. Date signed 11/5/45
 Address

CERTIFICATE OF DEATH

RECEIVED
NOV 8 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

Reg. Dist. No. 11190 131

1. PLACE OF DEATH:

County FrederickCity or town Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 14 months

Hospital, institution, or street address where death occurred:

Montevue HomeHow long in hospital or institution? 14 months

3. (a) FULL NAME

Ada E. V. Weedon

4. Sex

Female

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Married
Widowed

8. (b) Name of husband or wife

Edward Weedon
deceased

7. Birth date of

deceased (mo., day, yr.)

March 16, 1896

8. AGE:

69

Years

Months

8

Days

1

If less than one day

hrs. min.

9. Birthplace

Frederick County, Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

George Brooks

13. Birthplace

Unknown

MOTHER

14. Maiden name

Esther Brown

15. Birthplace

Unknown

16. Informant

Mr. Thomas G. Hutton
Int. P. Detasquit, Md.

Address

Buial

17. (Burial, cremation, or removal, Which?)

Date thereof 11-20-1945
(month) (day) (year)

Cemetery or crematory

Fairview Cemetery
East of Frederick - Md.

Location

18. Funeral director

C. E. Clive + Son
Frederick, Md.

Address

19. 19 Nov
(Date rec'd by registrar)

1945

Elizabeth G. Hede

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town 17 E. 6th St.
(If outside city or town limits, write RURAL and give nearest town)Street No. Frederick
(If rural, give LOCATION)

2. (a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 19 45 at 3:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 17 19 45 to Nov. 17 19 45and that I last saw her alive on November 17 19 45

Immediate cause of death

Cerebral hemorrhage, left

DURATION

1 hourDue to Arterio-sclerosis15 years.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. O. Thomas Jr. M.D.
2277 N. Market St. Fred. Md. M. D. or other Nov 17, 45
Address Date signed

RECEIVED

RECEIVED

RECEIVED

NOV 20 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *92a*

CERTIFICATE OF DEATH

11101



131

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Point of Rocks
 (If outside city or town limits, write RURAL and give nearest town)
36 Years
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Point of Rocks
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war.....

3. (a) FULL NAME

MARY ELIZABETH WENNER

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>M</u>
6.(b) Name of husband or wife <u>John S. Wenner</u>		
6.(c) If alive, give age <u>79</u> years		
7. Birth date of deceased (mo., day, yr.) <u>July 20, 1867</u>		
8. AGE: Years <u>78</u>	Months <u>4</u>	Days <u>5</u>
If less than one dayhrs.min.		

9. Birthplace Petersburg, Virginia
 (Town, county, and state)
 10. Usual occupation At Home
 11. Industry or business

FATHER	12. Name <u>Harry O. Smith</u>
	13. Birthplace <u>Frederick County Maryland</u>
MOTHER	14. Maiden name <u>Susanna Snoots</u>
	15. Birthplace <u>Loudoun County Virginia</u>

16. Informant Mr. John S. Wenner
 Address Point of Rocks, Maryland
 17. Burial 11/28/45
 (Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)
 Cemetery or crematory St. Pauls Cemetery
 Location Point of Rocks, Maryland
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 27-Nov 1945 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH c November 25, 45 at 8:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1945 to Nov 25 1945
 and that I last saw him alive on Nov 24 1945

Immediate cause of death Decomposed Heart
 Due to Arterio Sclerosis
 Due to

Other conditions

(Include pregnancy within 3 months of death)
 Major findings of operations

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE William Schumacher M.D.
 Address Brunswick, Md. Date signed Nov 26-45

RECEIVED

NOV 27 1945

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-21

CERTIFICATE OF DEATH

Reg. Dist. No. 11102 141

1. PLACE OF DEATH:

County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Schnauffer

How long in hospital or institution?

13 days 10/31/45 - 11/13/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County Loudoun
 City or town Rural - Lovettsville
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Sally Ellen Wenner

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

F.W.Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

Aug. 30, 1856

8. AGE:

Years

Months

Days

If less than one day

892 mo.13

hrs.

min.

9. Birthplace

Lovettsville, Loudoun Co., Va.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Jacob Wenner

13. Birthplace

U. S. A.

MOTHER

14. Maiden name

Eliza Ritchie

15. Birthplace

U. S. A.

18. Informant

Joseph Phumaker

Address

Lovettsville, Va.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Nov 15, 1945

(month) (day) (year)

Cemetery or crematory

Reformed Church

Location

Lovettsville, Va.

18. Funeral director

Joseph J. Bailey

Address

320 W. Potomac St., Brunswick

19. Nov-14-

1945

(Date rec'd by registrar)

Emma Martin

Reg. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 13

19

45 at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 2 1945 to Nov 13 1945
 and that I last saw her alive on Nov 13 1945

Immediate cause of death

Shock

DURATION

12 days

Due to

Fracture Rt. Ixep

Due to

Accidental fall

Other conditions

Patient found in her home several days after accident

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of

Where did injury occur?

Lovettsville, Loudoun Co., Va.

(City or town)

(County)

Virginia

(State)

Injured at home, farm, industry, public place (where?)

At home

Means of injury

Accidental fall

Injured at work?

23. SIGNATURE

Emma Martin

M. D. or other

Address

BrunswickDate signed Nov 14, 1945

